

1856

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH   |  | ARIZONA STATE BOARD OF HEALTH   |  |
|--|--|---|--|
| BUREAU OF VITAL STATISTICS   |  | State Index No. <u>332</u>  |  |
| County <u>Marcopaca</u>  | District <u>No 3</u>   | ORIGINAL CERTIFICATE OF DEATH   |  |
| Town <u>Mesa</u>   | Or City <u>Mesa</u>  | County Registered No. <u>4537</u>   |  |
| No. _____  |  | Local Registrar's No. <u>392</u>  |  |
| (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)  |  |   |  |
| FULL NAME <u>Affron E Davis</u>  |  |   |  |
| PERSONAL AND STATISTICAL PARTICULARS   |  |   |  |
| SEX <u>Female</u>  | Color or Race <u>White</u><br>Indian<br>Black Chinese<br>Mexican | SINGLE<br>MARRIED<br>WIDOWED<br>or DIVORCED   |  |
| DATE OF BIRTH <u>Jan 12</u> 191 <u>8</u><br>(Month) (Day) (Year)   |  | DATE OF DEATH <u>Mar 24</u> 191 <u>8</u><br>(Month) (Day) (Year)  |  |
| AGE <u>2</u> yrs <u>12</u> mos <u>12</u> days<br>If less than 1 day _____ hrs., or _____ min.  |  | I hereby certify, that I attended deceased from <u>Jan 20</u> 191 <u>8</u> to <u>Mar 24</u> 191 <u>8</u> ; that I last saw h <u>er</u> alive on <u>Mar 24</u> 191 <u>8</u> and that death occurred on the date stated above at <u>1:30</u> P.M. The DISEASE or INJURY causing death was as follows: <u>Whooping Cough</u> |  |
| OCCUPATION<br>(a) Trade, profession or particular kind of work _____<br>(b) General nature of industry, business, or establishment in which employed or (employer) _____ |  | (Duration) _____ yrs. _____ mos. _____ days   |  |
| BIRTHPLACE (State or country) <u>Ariz</u>  |  | Was disease contracted in Arizona? _____  |  |
| NAME OF FATHER <u>H. G. Davis</u>  |  | If not, where? _____  |  |
| BIRTHPLACE OF FATHER (State or country) <u>Utah</u>  |  | CONTRIBUTORY _____  |  |
| MAIDEN NAME OF MOTHER <u>Luella Noble</u>  |  | (Duration) _____ yrs. _____ mos. _____ days   |  |
| BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>  |  | (Signed) <u>[Signature]</u><br><u>March 24</u> 191 <u>8</u> (Address) <u>Tombstone Ariz</u>   |  |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  |  | *In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.   |  |
| (Informant) <u>H. G. Davis</u>   |  | LENGTH OF RESIDENCE   |  |
| (Address) <u>Mesa</u>  |  | At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.  |  |
| PLACE OF BURIAL OR REMOVAL <u>Mesa Cemetery</u>  |  | Former or Usual Residence _____   |  |
| DATE OF BURIAL OR REMOVAL <u>Mar 24</u> 191 <u>8</u>   |  | Filed <u>3/24/8</u> 191 <u>8</u> <u>J. E. Drane</u><br>Local Registrar  |  |
| UNDERTAKER <u>W. A. Burton</u>   |  | Filed <u>April 10</u> 191 <u>8</u> <u>P. B. Nichols</u><br>County Registrar   |  |
| ADDRESS <u>W. A. Burton Sons Mesa</u>  |  |   |  |